

MDR Tracking Number: M5-04-0817-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 11-17-03. The requestor submitted a withdrawal letter for disputed dates of service 7-31-03 and 8-8-03 that were denied as "F".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The range of motion, therapeutic procedures, and office visits were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this Order. This Order is applicable to dates of service 7-8-03 through 9-3-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 21<sup>st</sup> day of April 2004.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division  
DZT/dzt

January 22, 2004

**Amended Decision**  
**Deleted computer data and kinetic activities from Disputed Services**  
**Added office visits to Disputed Services**

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\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

**Information Provided for Review:**

Correspondence.  
Office notes.  
Physical Therapy notes  
Functional Capacity Evaluation

**Clinical History:**

This patient injured her low back and left shoulder in a work-related accident on \_\_\_\_.

**Disputed Services:**

Range of Motion, therapeutic procedures, and office visits, during the period of 07/08/03 through 09/03/03.

**Decision:**

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the services and treatment in dispute as stated above were medically necessary in this case.

**Rationale:**

This patient's symptoms and treatment are consistent with an injury that can be classified into the primary or acute phase of care as decided by the Spinal Treatment Guidelines and the Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters. As noted by these guidelines, normal passive/active care usually requires 6-8 weeks for resolution of the injury with the latter phase of care mostly based on an active therapy protocol.

Range of motion assessment is also a good and reasonable way of monitoring the patient's response to treatment.

I am the Secretary and General Counsel of \_\_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,